

REPORT TO THE
SENATE APPROPRIATIONS COMMITTEE
ON HEALTH AND HUMAN SERVICES
HOUSE OF REPRESENTATIVES APPROPRIATIONS SUBCOMMITTEE
ON HEALTH AND HUMAN SERVICES
THE FISCAL RESEARCH DIVISION
AND
THE JOINT LEGISLATIVE OVERSIGHT COMMITTEE ON
MENTAL HEALTH, DEVELOPMENTAL DISABILITIES AND
SUBSTANCE ABUSE SERVICES

LOCAL MANAGEMENT ENTITIES
CRISIS SERVICE PLANS

Session Law 2007-323
Section 10.49(o)

May 30, 2008

NORTH CAROLINA
DEPARTMENT OF HEALTH AND HUMAN SERVICES
DIVISION OF MENTAL HEALTH, DEVELOPMENTAL DISABILITIES AND
SUBSTANCE ABUSE SERVICES

A Report on LME Crisis Service Plans

May 30, 2008

The General Assembly enacted Session Law 2007-323, Section 10.49(o) that appropriated funds and outlined legislative requirements regarding the planning and development of a continuum of crisis services for mental health, developmental disabilities, and substance abuse consumers of all ages who are in need of crisis services.

Previous reports have outlined activities during State Fiscal Year (SFY) 2006-07 and the first two quarters of SFY 07-08. Part I of this report provides information about crisis service system planning and implementation activities that have occurred during the third quarter of SFY 2007-2008 (January 1 through March 31, 2008.) Part II provides information submitted by Local Management Entities (LMEs) regarding implementation of their crisis services during the third quarter of SFY 2007-2008.

I. REPORT ON PROGRESS AND ACTIVITIES: JANUARY 2008 - MARCH 2008

State Hospital Admissions

One of the anticipated outcomes of crisis planning and funding to develop effective crisis services in communities throughout North Carolina is that there would be a reduction in admissions to state psychiatric hospitals. Data about admissions were tracked in SFY 2006-07 to provide baseline information and to compare admissions in SFY 2007-08. The table on the following page provides comparison data for the first three quarters of SFY 2006-07 to data for SFY 2007-08. The data for both years in the table for each LME take into account LME mergers that became effective July 1, 2007.

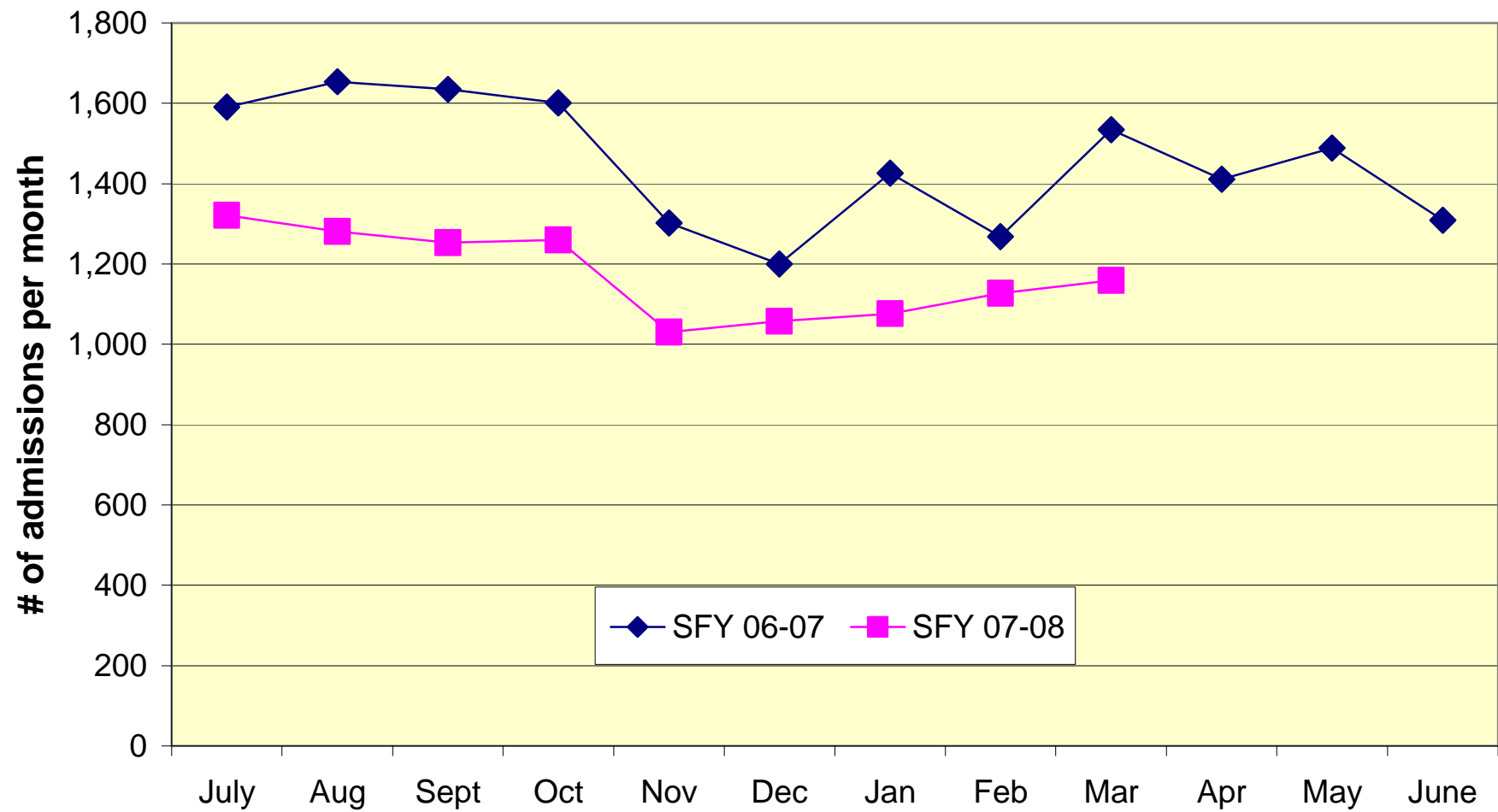
State Hospital Admissions SFY 2007-08 compared to SFY 2006-07

LME NAME	SFY 06-07 July 06- March 07	SFY 07-08 July 07 – March 08	Total change July - March
Alamance/Caswell/Rockingham	541	487	-54
Albemarle	315	148	-167
Beacon Center	833	497	-336
Catawba-Burke	272	192	-80
CenterPoint	736	500	-236
Crossroads	273	231	-42
Cumberland	282	357	+75
Durham	581	583	+2
Eastpointe	627	541	-86
East Carolina Behavioral Health	495	396	-99
Five County	504	464	-40
Foothills	237	132	-105
Guilford	590	603	+13
Johnston	257	164	-93
Mecklenburg	354	275	-79
Onslow-Carteret	253	232	-21
Orange-Person-Chatham	327	276	-95
Pathways	386	178	-208
Piedmont	642	453	-189
Sandhills	758	421	-337
Smoky Mountain	357	282	-75
Southeastern Center	506	455	-51
Southeastern Regional.	258	246	-12
Unknown	224	165	-59
Wake	1,827	1,657	-170
Western Highlands	776	629	-147
Total	13,211	10,564	-2,647

The number of admissions during SFY 2007-08 (June 2007 through March 2008) decreased by twenty percent (20%) when compared to SFY 2006-07 admissions data (June 2006 through March 2007). The reduction in admissions is related to the necessity for state hospitals to delay admissions when they reach 110% of capacity as well as by the increased availability of crisis services in the community.

The graph on the following page shows the statewide total number of admissions to State psychiatric hospitals per month in SFY 2006-07 and in the first three quarters of SFY 2007-08.

State Hospital Admissions FY 07 & FY 08



Crisis Services Activities and Training

January 2008 through March 2008

- **Department of Health and Human Services.** On January 3, 2008, Secretary Dempsey Benton announced the establishment of a work group to review the implementation of the state's Crisis Service System, and the state's overall strategy for providing inpatient services (beds) across the state. The Department is developing recommendations for proposed next steps and priorities for implementation regarding mobile crisis teams, crisis intervention (START) services and crisis respite services for people with developmental disabilities, increased access to local psychiatric inpatient beds, and increased capacity for walk-in crisis sites and access to psychiatrists.
- **Statewide Consumer and Family Advisory Committee Conference.** Sessions about crisis service planning and implementation were presented at this conference on February 29, 2008 in Winston Salem. In addition, regional training that includes information about crisis service implementation and the responsibilities of local Consumer and Family Advisory Committees have been held.
- **Regional training and technical assistance.** A training session has been scheduled in each of the three regions during the fourth quarter. Presenters will be Stephen Day and Kappy Maddenwald from the Technical Assistance Collaborative, Inc. In addition, Local Management Entities will have the opportunity to share information about successful steps that have been taken to implement crisis services.

II. LOCAL MANAGEMENT ENTITIES CRISIS SERVICE QUARTERLY REPORTS

January 2008 through March 2008

This section of the report contains narrative information from each of the LMEs about their crisis service plan start-up and service activities during the third quarter of SFY 2007-08. This information has been taken verbatim from the LME reports; therefore, it varies in the amount of detail provided. Each LME also submitted data about the number of State hospital admissions which is on page 3 of this report.

Alamance-Caswell-Rockingham. *Start-up funding:* (1) Walk-in crisis services in Rockingham county: \$67,544 allocated and \$33,500 expended. Advanced Health Resources (AHR) began taking Walk-In Crisis in Rockingham County on 11/05/07. (2) Local hospital services: \$36,000 allocated and \$17,000 expended. AHR has an allocated QP to go to Morehead Hospital to do crisis intervention and evaluations since the Hospital currently does not have designated staff to handle mental health crisis. This protocol began 11/05/07. Local resources are looked at first now and then state hospitalization if needed. (3) Psychiatric support for Walk-in crisis services in Rockingham county: \$50,000 allocated and \$23,000 expended. To provide monetary support for Psychiatric coverage provided at Advanced Health Resources for walk-in crisis services. AHR began providing services to consumers in crisis in Rockingham County on 11/5/07.

Next steps: Our current crisis plan is currently being implemented. Rockingham stakeholders have been contacted. We are currently arranging meetings with Caswell and Alamance with the same stakeholders identified for Rockingham in order to inform them of the LME functions and crisis services. Start dates as listed above are on target and we will continue to move forward assisting the providers and local hospitals in implementing our crisis plan through the upcoming quarter and fiscal year.

Service funding: (1) DD crisis. \$19,649 allocated. Monies moved within IPRS to cover shortfalls in other areas. (2) MH crisis. \$84,736 allocated. Monies moved within IPRS to cover shortfalls in other areas. (3) SA crisis. \$84,736 allocated. Monies moved within IPRS to cover shortfalls in other areas. (4) Mobile crisis: \$124,475 allocated and expended. Mobile Crisis is currently up and functioning. They continue to develop their plan in order to respond to the increase in calls and volume as the community becomes educated about their existence and consumers are now being diverted to mobile crisis instead of being sent to state hospitals (5) Crisis Non-UCR. \$22,719 allocated and expended. Supported a QP staff that worked out of Rockingham County Mental Health Center that handled any walk-in crisis consumers during regular business hours during the SFY 06-07.

Albemarle-Tideland. *Start-up funding.* (1) Telemedicine Services/equipment: \$135,921 allocated and expended. Telemedicine connectivity has been established with Martin General Hospital, Washington County Hospital, Chowan Hospital, Outer Banks Hospital, Cherry Hospital, and outlying outpatient clinics within the 10-county region.

Next steps: Albemarle received approval of its Crisis Plan on February 22, 2008. As stated within the plan, Albemarle will expand in the provision of daytime crisis services via remote locations (telemedicine connected to the 23-hour Crisis Unit), within the 10 county catchment area to outlying clinics, regional jails, and hospitals instead of consumers accessing services via the emergency room. Also, Albemarle has contracted with Holly Hill Hospital to provide after-hours face to face services at Outer Banks Hospital, Martin General Hospital, and Washington County Hospital emergency room departments. Additionally, Albemarle is also negotiating with

Holly Hill Hospital and Northside Behavioral Hospital in Ahsoskie to provide inpatient bed days for indigent consumers to reduce the need for admissions to Cherry Hospital and Albemarle has been in negotiations with Integrated Family Services to provide three mobile crisis teams within the catchment area.

Service funding: (1) 23-hour Crisis Unit and Face to Face Consults: \$2,451,051 allocated and \$1,739,746 expended. The 23-hour crisis unit is in operation and provides crisis coverage and psychiatric consultation to 10-county region-July 1, 2007-March 31, 2008. Providers also consult with the 23-hour crisis unit when in need of assistance with their consumer and crisis situation. Total number of individuals served is 1,737. This includes 1,022 face-to-face consults, 268 admissions to 23-hour unit, and 447 telemedicine consults. (2) Three mobile crisis teams. \$258,000 allocated pending approval. Negotiations with Integrated Family Services to provide 3 mobile crisis teams for the 10-county area. Service implementation is pending funds conversion and approval from the DMH/DD/SAS. (3) After-Hours Face to Face Access: \$58,513 allocated. Holly Hill to provide after-hours face to face clinical assessments at the following hospitals: Martin General Hospital, Outer Banks Hospital, and Washington County Hospital. Pungo District Hospital will provide after-hour face to face for Hyde County residents in conjunction with 23-hour crisis unit. (4) Inpatient Beds for the Indigent: Holly Hill \$30,000 pending approval and Northside Behavioral Hospital \$142,132 pending approval. Albemarle has a contract with Holly Hill to provide inpatient services for indigent consumers. Additional negotiations are occurring with Northside Behavioral Hospital for inpatient services for indigent consumers. Service implementation is pending funds conversion and approval from the DMH/DD/SAS.

Next steps: Albemarle will have telemedicine connectivity at Pungo District Hospital to provide emergency coverage for our Hyde County consumers since Pungo District Hospital is a 30 minute access point. In conjunction with the clinical staff from Pungo and Albemarle's 23-hour crisis unit, emergency interventions will be coordinated for the Hyde County consumers. Telemedicine connectivity is also being coordinated with Cherry Hospital for Care Coordination and negotiations are being done with Walter B. Jones regarding the same. Also, all provider services as identified above will be within implementation this quarter provided that the DMH/DD/SAS approves the funding conversion request.

Beacon Center. *Start-up funding:* (1) Mobile Crisis: Start-up funding of \$80,424 was allocated and has been expended. MD hired, 3 positions offered with 2 accepting. Positions re-posted internal and external for director and remaining positions. Applications being screened and qualifying status determined. Local funding to support start-up operations of \$90,896.

Service funding: (1) 24/7/365 Crisis response. \$1125,000 allocated and \$104,167 expended to date. Numbers served 10/07-12/07 by ERs under contract were: 1,303 MH adults; 147 MH children; 569 SA adults. This is a slight decrease from the previous report. We have seen a significant decrease in the number of admissions to our state hospital. Over 300 less people have been sent to State facilities in the first three quarters of the fiscal year compared to last years' first three quarters. (2) Mobile crisis. \$533,266 allocated but not yet expended. Partial team will be starting on 5-1-08. (3) Community Inpatient. \$149,911 authorized and \$38,200 expended. 30 consumers were served for a combined total of 126 days that were authorized. We have successfully contracted with both local Inpatient Units, Coastal Plain Hospital and Wilson Medical. Wilson unit is temporarily closed due to the resignation of their MD. They are actively interviewing and hope to have this unit open soon.

Catawba-Burke. *Start-up funding:* (1) ES/Mobile Crisis: Start-up funding of \$143,373 was allocated and has been expended. ES/Mobile Crisis Services for Burke and Catawba counties fully functioning.

Service funding: (1) Mobile Crisis/Emergency Services. \$292,968 from 07 continuation and \$301,705 from 08 expansions allocated and \$160,910.63 expended. Number served to date is 326. Funding to date supports: a Single Mobile Crisis/ES provider for Burke and Catawba counties; facility-based crisis services; and provision of indigent care at local psychiatric hospitals.

Next steps: *This narrative section builds on information supplied in previous quarterly reports.* MHSCC continues its goal of Crisis Plan implementation by the development of a full array of services, along with strengthening the depth and scope of those services already in place. Positive effects of these efforts are evident in the decreasing number of psychiatric admissions to state facilities this FY as compared to last. The major initiative for the coming quarter will be the initial phase of establishing a 23-hour observation unit –a partnership effort between the Mobile Crisis provider and Grace Hospital. Phase I of this effort will provide on-site Crisis Evaluation, Psychiatric Evaluation and comprehensive assessment /scheduled follow-up services for voluntary clients experiencing a crisis that have been medically cleared through a hospital ED, and determined through the ED to not need hospitalization. On-site Crisis services will operate from Monday 12am through Friday 8am followed by a M-F “Morning Clinic” to manage the psych. evaluation, assessment and scheduled follow-up services. Phase II (anticipated in FY 08/09) will expand the on-site Crisis observation services to a 24/7/365 operation at the Burke Mental Health Center. Unexpected obstacles in availability of space delayed the start of this project and the use of funding earlier in the fiscal year.

Other initiatives will be development of a similar weekday “Morning Clinic” capacity at the Hickory site and expanded Community Support Team development targeted at dually diagnosed MH/SA clients who are frequently hospitalized psychiatrically, known to the legal system, and have a high service use. Additionally, pending endorsement of the facility, MHSCC will pursue inclusion of crisis residential services for pregnant women/children.

CenterPoint. *Start-up funding:* (1) Adult acute crisis beds \$13,047 allocated and expended. CenterPoint Human Services entered into a contract with Old Vineyard to 10 guaranteed adult acute crisis beds. To facilitate this arrangement, Old Vineyard had to make building improvements at its facility in Winston-Salem to accommodate the 10 beds. Start up funding was provided to assist with getting a wing at the facility solely dedicated to the 10 adult crisis beds. (2) Mobile crisis expansion \$100,000 and expended. CenterPoint Human Services issued an RFP for a second Mobile Crisis Team and awarded the service to Forsyth Memorial Hospital. To assist Forsyth with implementing mobile crisis services and up fitting a team, start up funding was allocated. (3) Restart services \$22,321 allocated and expended. CenterPoint Human Services has executed a contract with Recovery Innovations for the Restart services in our catchment area. To assist with implementing this service for our catchment area, start up funding was allocated.

Service funding: (1) Local psychiatric hospital Crisis funds allocated \$984,264 and \$833,190 expended to date. CenterPoint Human Services contracts with Old Vineyard for 10 guaranteed adult acute crisis beds. Total funding to date is \$1,487,840 which is a combination of UCR, Non UCR County Discretionary and CenterPoint fund balance. Crisis funds were not utilized until final continuation allocation was received. 501 individuals served. (2) Mobile Crisis services are

delivered by Daymark Recovery. RFP for Mobile Crisis was issued and awarded to Forsyth Memorial Hospital who will start delivering services 6/1/08. Total funding spent to date is \$30,359 from UCR funds. 83 individuals served. (3) SA Detox services are delivered by Addiction Recovery Care Assoc. Total funding spent to date is \$618,814 which is a combination of UCR, non UCR and County Discretionary funding. 349 individuals served. (4) Psychiatric inpatient: CenterPoint Human Services contracts with NC Baptist Hospital and Forsyth Memorial Hospital for inpatient beds. Total funding spent to date is \$470,358 which is a combination of UCR, County Discretionary and CenterPoint fund balance. 186 served to date. Note: Funding allocated to Non UCR Crisis was reduced to \$848,896 as a result of realigning of funds to UCR age and disability specific crisis budget line items where earnings occurred prior to final continuation allocation.

Crossroads. *Start-up funding:* \$151,118 allocated and expended in FY 07. (1) Facility-based Crisis Center. Crossroads LME was not rebudgeted any start-up funding for SFY 07-08. Opened Crisis & Recovery Center (facility-based crisis center) with start-up funds for FY 07.

Next steps: Crossroads continues to use our facility-based crisis center to serve adult crisis consumers and our mobile-crisis team for all crisis consumers. C&RC received involuntary commitment certification/status from the NC Division of Health Services Regulation on December 10, 2007.

Service funding: (1) Mobile Crisis and Facility Based Crisis. \$697,469 allocated and \$184,193 expended. Easter Seals/ASAP operates the Crisis & Recovery Center, Crossroads' facility-based crisis center and provides mobile crisis services for our three counties - Iredell, Surry and Yadkin counties. 240- Referred to Mobile Crisis and 81- Referred to Facility-based Crisis (C&RC). Number of individuals served based on STR calls and dispositions submitted from January 1, 2008-March 31, 2008.

Next steps: Ten (10) involuntary commitments were diverted from state facilities and admitted to our facility-based crisis center. Crossroads will continue to use our facility-based crisis center to serve adult crisis consumers and mobile-crisis teams for all crisis consumers.

Cumberland. *Start-up funding:* (1) Care Coordination Jail. \$160,000 allocated and \$40,440.56 expended. The LME hired the jail coordinator staff earlier this year and has already seen a dramatic improvement in services to incarcerated individuals. Individuals with behavioral health issues are identified, have access to a clinical evaluation and psychiatric/medication evaluation as appropriate. The LME is providing this service for all of Cumberland County, which may involve individuals in jail who are from another county or state. This is a key component to reduce utilization of state facilities. To date we have served a total of 248 clients in this program. (2) Mobile Crisis. \$60,000 allocated and \$57,354 expended. Mobile Crisis Provider continues to experience problems with volume of service, referrals, etc. In order to keep the provider from giving up the service, the LME will utilize crisis funds to cover the provider's deficit. To date we have served a total of 57 clients in this program. The LME endorsed another provider for Mobile Crisis and will look for funding to assist this provider with start up costs they may experience. (3) Child respite: \$68,268 allocated and not yet expended. Child Respite services were established due to the lack of any inpatient beds in Cumberland County and the expressed need for some local Crisis placement to keep children from placement in State institutions. Total earnings from IPRS have not been posted yet. The crisis plan states that the LME will fund the financial deficit of the child respite unit. The funds will be expended in the next quarter. Total crisis start-up allocation (NR) available in SFY 08: \$188,368. Expended: \$97,794.56.

Next steps: (1) In accordance with our Crisis Plan we will continue to provide Care Coordination Services at the County jail. The LME facilitates quarterly meetings with all Department Heads whose staff are involved in services to individuals incarcerated in the jail. City and county law enforcement personnel have been identified to participate in CIT training. (2) Staff is working with providers to determine costs associated with the existing Mobile Crisis Team as well as the newly endorsed provider of Mobile Crisis services. The LME and provider have participated in technical assistance with the Division on Mobile Crisis Services, in an attempt to assist the provider in identifying barriers to their service delivery. Outreach to the community continues, including Department of Social Services, school system, city and county law enforcement, juvenile justice, adult corrections, homeless shelters in addition to other providers. (3) The LME has enhanced collaboration with all hospital settings to facilitate placements for patients released from state psychiatric facilities, which could include secure group living arrangements and placements for our more difficult to treat consumers.

Service funding: (1) Facility Based Crisis: \$15,000 allocated and \$8,864.19 expended. One provider- program currently operated by the LME. Primarily serves Cumberland County. 58 individuals served; (2) Detox: \$183,312 allocated and \$69,086.56 expended. One provider- program currently operated by the LME- Cumberland County. 349 individuals served. (3) Mobile crisis: \$15,000 allocated and \$9,220.86 expended. Two providers- Cumberland County. 57 individuals served.

Next steps: The LME currently operates the Roxie Avenue Crisis Center, which is licensed for Facility Based Crisis services for adults. The program serves Cumberland County but is available to surrounding counties as well. The Roxie Avenue Center is also licensed and provides Non-Hospital Medical Detox services. The hospital recently hired a new CEO and he and the Area Director and County Management are continuing discussions on transitioning the Roxie Avenue Center to the Hospital. Funds will be utilized to assist the hospital in continuing services during licensure and endorsement, should the discussions with the hospital lead to them assuming operation of Roxie Avenue Center as has been discussed in other reports. The goal is to ensure a smoother transition for consumers from the detox and crisis services offered by the hospital to less restrictive settings as well as being able to admit directly into the program from the Emergency Department for those not needing inpatient and hospital based detox services.

Durham. *Start-up funds:* (1) Facility based crisis. \$147,004 allocated and expended. The funds were allocated to us in FY07 as non-UCR. The funds were spent to support our facility based crisis center for non billable activities.

Service funding: (1) Adult MH crisis \$53,467 allocated and \$43,274 expended as of 12/31/07. We contract with a provider for Facility Based Crisis services to cover Durham County. (2) Adult SA \$154,816 allocated and \$153,686.22 expended as of 12/31/07. We contract with a provider for Facility Based Crisis services to cover Durham County. 803 individuals served.

Next steps: (1) The dollar figures above represent the facility based crisis claims that we pulled down through IPRS. The number of consumers on the third line represents the unduplicated number of consumers seen in our crisis facility during the first three quarters of FY08. Not all the services provided are billable. Many are funded through non UCR or County dollars. On average, 49 % of consumers have only a substance abuse diagnosis, 30% have only a mental health diagnosis, and 21% have a dual diagnosis of mental illness and substance abuse. (2)

As of the December 20, 2007 check write, The Durham Center's state funds were moved to single stream. In future reports, we will report facility based crisis activity based on payments to our contracted provider in lieu payments from the IPRS to The Durham Center. To date, we have paid over \$1 million for services provided in our Crisis Facility which includes County funds. As of March 31, 2008, our year to date spending has been in the following categories:

Beds	\$541,609
Security	\$157,536
Psychiatric Services	\$80,745
DCA Operation	\$960,685
Including evaluations, chairs, detox, stabilization, etc.	

The Durham Center continues to build and enhance the community's crisis continuum. The following is an update on the advances toward creating a full continuum of crisis services and supports:

- Durham Center Access, our facility-based crisis center, looks forward to an upcoming transition from a 12-bed non-secure 13,000 square foot facility to a much larger and well-equipped 26,000 square foot 16-bed facility secure facility. The facility is being designed to meet the standards as a NC facility designated to individuals who have been involuntarily committed, as well as voluntary admission. We anticipate this move will divert additional admissions and allow easier connections to local providers upon discharge from crisis services. Construction activities are underway and the opening of the new facility is scheduled for July-August 2008. This project was made possible by collaboration between The Durham Center, Durham County, Duke University, and Freedom House (local crisis provider agency). The facility will also have an expanded capacity for 23 hour chairs from 6 currently to 11 in the new facility. Plans include for this facility to house the Screening, Triage and Referral department of Durham LME, substance abuse assessors, and substance abuse brief treatment and IOP programs. The new facility will be on the campus of Durham Regional Hospital which will provide enhanced access to medical services as well as better access to bus transportation.
- Hospital Liaison was hired to coordinate engagement efforts between the State facilities and local providers of service to improve outcomes. The Hospital Liaison is responsible for following consumers into the community and working with them and their identified providers to ensure that the initial post-discharge contact is successfully made. She was hired in March 2008.
- Coordination with our adult System of Care and the local homeless shelter to streamline and improve connections between consumers and services, with priority emphasis placed on patients being discharged from State hospitals.
- Developed and have begun to implement a pilot program to incentivize selected providers, utilizing local funding, to go directly to the hospital to engage consumers who are considered hospital "high utilizers" in active discharge planning. Expected outcomes include establishing rapport prior to discharge from the hospital resulting in increased likelihood of participation with the provider upon discharge.
- Additional Care Coordinators have been hired to work with our high-risk and high-cost population, both before and after admission to the hospital, to ensure this population receives appropriate services with sufficient intensity to address their needs prior to hospitalization and after discharge.
- In the process of establishing Mobile Crisis team(s) designed to respond individuals in need in the community 24/7. MC provides immediate access to acute mh, dd and/or sa

services to effect symptom reduction, harm reduction and/or to safely transition persons in acute crises to appropriate crisis stabilization and detoxification supports/services. Current plans include a trial run prior to July 1, 2008.

- Have added an additional 16 transitional living beds by contracting with two new providers. This was in response to the finding that over 40% of individuals presenting to crisis services were homeless.
- Local inpatient capacity at Duke has increased recently, creating additional diversion opportunities from State facilities and allowing better access to local follow-up care.

Eastpointe. *Start-up funding:* (1) respite beds \$125,000 allocated and \$42,173 expended. Utilization of respite beds for those individuals beginning to escalate into a crisis situation. Eastpointe is currently funding two beds. We have contracts with other providers to provide respite for services to be provided on a fee for service basis. Working with a provider in Wayne County to establish respite services for women. (2) Mobile Crisis \$49,152 allocated and not yet expended. Currently have an RFP pending for a mobile crisis team beginning 1/1/08. Contract cancelled. New contracts in negotiation.

Next steps: RFP's for mobile crisis teams were put out in October 2007 and Easter Seals UCP was selected as the best candidate to develop mobile crisis teams in Eastpointe's four county catchment areas. In March, the Eastpointe Leadership team determined that the selected provider had not done enough work with establishing the mobile crisis team to merit continuing the contract, thus the contract has been cancelled and Eastpointe is redirecting activities for services. In the meantime, the LME is working closely with local community partners and providers to ensure that crisis services are provided. Specifically, we trained providers on 3/2/07 regarding first responder responsibilities and crisis plan development. We continue to work closely with local hospitals to establish plans for the diversion of consumers prior to the utilization of emergency services. Contracts with local public and private hospitals for diversion beds are currently being negotiated.

Service funding: (1) 24/7/365 crisis response: \$136,955 allocated and \$102,045 expended. Continue to provide an on-call service in the four county catchment area so that all consumers that call with an emergency can receive after hours care. 1,294 served. (2) Mobile crisis: \$687,450 allocated and not yet expended. SEE ABOVE (3) Respite beds: \$125,000 allocated and \$49,668 expended. 12 individuals served. These beds are receiving limited use due to the lack of a current provider of Mobile Crisis services. However, if the beds are not secured at this time then they will likely be unavailable in the near term. (4) Transportation costs: \$45,000 allocated and \$27,420 expended. 54 individuals served. On-going transportation support for local law enforcement support for transportation as well as support of staff and contractors providing crisis services. (5) Walk-in Crisis Services/Hospital Care: \$200,000 allocated and \$196,786 expended. 893 individuals served. Identification and implementation of walk-in crisis services. (6) Crisis Intervention Team training: allocated \$60,000 and \$8,000 expended. Continued CIT training

Next steps: RFP's for mobile crisis teams were put out in October 2007 and Easter Seals UCP was selected as the best candidate to develop mobile crisis teams in Eastpointe's four county catchment areas. Eastpointe continues to work closely with local community partners and providers to ensure that crisis services are provided. Eastpointe is currently working with multiple private providers to ensure that ongoing 24/7 crisis services are available throughout the service area. These providers are available to see crisis patients in local settings without the consumer reporting to local emergency departments. Eastpointe

has established protocols so the identified providers are available to see all consumers regardless of the consumer's clinical home. Furthermore, these providers will work with those providers who have consumers in crisis to ensure that the provider meets first responder responsibilities as well as consumer management follow-up. First responder training continues to be offered and in this quarter more than 100 providers were trained. Included in the training was techniques of crisis counseling and developing sophisticated Crisis Plans. The team is currently fielding requests from other LMEs to provide the training in their catchment area. We continue to work closely with local hospitals to establish plans for the diversion of consumers prior to the utilization of emergency services.

Note: Towards the end of this quarter, Eastpointe has been working with community hospitals to ensure that patients that have received care at these hospitals are reimbursed for services and to secure additional support from these facilities. Substantial financial resources are anticipated as a result of these activities.

East Carolina Behavioral Health (ECBH). *Start-up funding:* (1) Mobile crisis: \$462,000 allocated and \$144,501.25 expended. Funding awarded to RHA and integrated to cover all 9 ECBH counties. Providers in process of developing capacity and implementing service. Proposals cover a two year implementation time frame. (2) Facility based crisis: \$294,250 allocated and \$127,804 expended. Two programs operating not consistently at census- Third program in Beaufort County still under contract negotiation due to delays within the hospital authority. (3) Respite: \$50,000 allocated but not yet expended. Funding awarded to increase capacity, provider developing capacity, no invoices received to date. (4) Community respite: \$50,000 allocated and not yet expended. Funding awarded to increase capacity, provider developing capacity, no invoices received to date. (5) Public Private Partnership (PPP) hospital beds: \$233,740 allocated and \$16,390 expended. Increased capacity to Four hospitals under contract still negotiating with 1 additional hospitals for PPP beds. We have a lag in billing.

Next steps: Funding awarded to selected agencies through the RFA process. The RFAs executed were for Mobile Crisis for all 9 counties of ECBH, Community respite and hourly respite. ECBH successfully negotiated with local psychiatric hospitals to purchase indigent bed days to use in lieu of state beds. ECBH staff will continue to work with providers to develop more comprehensive crisis plans with consumers and families which is one of the core issues related to crisis in our area based on our assessment. ECBH will also continue to work with providers to access other resources such as mobile crisis, peer support, facility based crisis, detox and respite as alternatives when crisis arises since many providers are unfamiliar with such services or resources and frequently refer directly to the ER for crisis. ECBH continues to work with all state funded outpatient providers to ensure access to patient assistance programs to ensure availability of medications for individuals without insurance to ensure access to needed medications. ECBH continues to provide free classes to consumers in Wellness Recovery Action Planning including a Crisis and Post Crisis planning component and Peer Support in addition to opening Hope Station a peer run drop in center in Greenville. Hope Station is opened and provides an additional alternative for individuals in crisis in the Pitt County area with future plans to develop similar programs in other ECBH area counties.

ECBH continues to work with local emergency response agencies to develop CIT programs to improve outcomes for individuals who interface with this type of first responder. ECBH continues to provide CIT training to dispatchers and other law enforcement and first responders in all 9 counties. ECBH also provided a number of clinical staffing opportunities to essential partners. ECBH continues to have strong partnerships with local hospital ED and providers

regarding face to face walk-in in crisis management. ECBH funds all four hospitals for Emergency Room Services with additional dollars not reflected in this plan as this was already in place prior to the merger of ECBH. ECBH also funds face to face walk-in crisis service access with specific providers through a no wrong door approach for consumers. ECBH is a fully divested LME and provides this type of walk-in crisis service with providers in each area who can offer a full continuum of services beyond the crisis assessment. The funding for this model is also not included in this plan as it was already in place prior to the plans development therefore not needing to be created.

Service funding: (1) Mobile Crisis: \$189,703 allocated and \$3,878.38 expended. Two providers all nine counties of ECBH there is a billing lag. 22 individuals served. (2) Community Respite: \$200,000 allocated and \$21,652 expended. Increased from One to Three providers- negotiating more capacity- 15 individuals served. (3) Respite: \$120,000 allocated and \$9,143 expended. Increased from Six to 10 providers all nine counties insufficient capacity. 78 individuals served. (4) Public-Private Partnership Bed Days: \$233,749 allocated and \$16,390 expended. Currently two hospitals all nine counties there is a billing lag. 18 individuals served. (5) Peer Run Services and Recovery Education: \$923,295 allocated and \$527,464 expended. Two centers-Craven, Jones, Pamlico, Pitt- All County Funded. Number of individuals served: 356 WRAP, 495 FRCT, 78 CIT, 675 Warm Line. (6) Facility Based Crisis: \$294,250 allocated and \$652,581 expended. Two- all nine counties One under development. 379 individuals served.

Next steps: ECBH is using a total of \$2,014,885 to fund our crisis plan \$1,090,590.00 of that funding is state funds. Next steps include working with providers to implement increased capacity. Additionally, ECBH uses \$923,295.00 to fund peer run drop in centers and Wellness Education for all consumers and families in Craven, Jones, Pamlico and Pitt Counties. The funds used for the peer run drop in centers are county MOE funds from the counties identified. These centers do not restrict access based on target population identification therefore provide a great natural resource for the community

Five County: *Start-up:* (1) DD behavioral specialist: \$13,000 allocated and \$1,122 expended. DD Specialist has been provided names of providers interested in training on crisis prevention. He has begun to contact some providers, but has not started trainings. He has not yet finalized the contract. (2) Community Intervention Team (CIT) officer: \$5,000 allocated and \$5,312.41 expended. Contract was established with NAMI to manage the program. 16 Law Enforcement Officers were trained in March. A training is scheduled in May for 25+ officers. (3) Facility based crisis. \$119,027 allocated and not yet expended. The RFP for the program was advertised on 1/17/2008 and a bidders conference was held on 1/24/2008. However, no providers submitted a bid. A provider has now submitted a preliminary proposal for facility based crisis, mobile crisis, and crisis apartments. This is being reviewed.

Next steps: Contract to be finalized with the Developmental Disabilities Specialist and provider trainings to be initiated. The provider proposal for the combined program of facility based crisis, mobile crisis, and crisis apartments will be reviewed, with a decision made as to whether to accept this proposal. CIT training for Law Enforcement to be conducted on May 12, 2008.

Service funding: (1) DD behavioral specialist: \$60,000 allocated and not yet expended. DD specialist has agreed to provide training on crisis prevention to providers with DD consumers in the Five County catchment area. Providers were surveyed on their interest in the training and names of those providers interested were submitted to the specialist. He has begun to contact the providers, but has not yet signed the contract (2) Adult MH crisis homes. \$20,000 allocated and

not yet expended. Contract was in the process of being finalized with a provider for this service, but that provider has decided to no longer provide behavioral health services in the Five County area. Another provider has submitted a preliminary proposal and that is in the process of being reviewed. (3) Facility based crisis: \$664,212 allocated and \$18,629.76 expended. 23 individuals served by Freedom House. Contracts were established with Freedom House and PORT Human Services, but those providers are not located in the Five County area. An RFP for a Facility Based Crisis program was advertised on 1/17/2008, but no provider responded with a bid. A new provider has submitted a preliminary proposal for Facility Based Crisis, plus Mobile Crisis and Crisis Apartments and that proposal is being reviewed. (4) Contract for inpatient hospital beds for indigent consumers at private psychiatric hospitals: \$120,000 allocated and \$82,455 expended. 50 individuals served. A contract already existed to pay for admission of indigent consumers to the Mental Health Unit at Halifax Regional Medical Center, but that was for voluntary admissions only, with a limit of 4 days. That has now been extended to seven days. That service was being funded through Community Capacity funds. The expansion is being funded through crisis funds. A contract has also been established with Holly Hill Hospital to pay for the admission of indigent consumers to their psychiatric unit. This allows for 7 day admissions and does cover involuntary commitments.

Next steps: Efforts will be made to finalize the contract with the DD specialist and help coordinate the trainings in crisis prevention for DD providers. Five County will review the new proposal for an Adult Crisis Home, with a decision made as to whether to proceed with that proposal. Currently, there are two child crisis homes/respite beds. These are funded through a combination of Five County and Community Collaborative funds. Five County will continue to work with the provider to establish a third home. Five County will continue to work with the current Mobile Crisis provider to refine their process. Five County is now contracting with two providers for Community Support Teams specifically for John Umstead discharges. This is being funded through a combination of Mental Health Trust funds and IPRS funds. Five County is now contracting with a provider in Halifax County to see all Cherry Hospital discharges that do not have an existing provider. This is being funded through IPRS funds. Five County has established a contract with NMAI to manage the CIT program. A training for 25+ law enforcement officers is scheduled for May 12. An RFP has been advertised for a provider to run a transitional group home for adults with mental illness, focusing on consumers who are discharged from the hospital and need a structured living situation. Five County will be reviewing the proposal from a provider for a program that will consist of facility based crisis, mobile crisis, and crisis apartments. Contracts are being pursued with additional private psychiatric hospitals (Coastal Plain, Northside, and Pavilion Hospital in Virginia) for indigent beds.

Foothills (FAP). *Start-up funding:* (1) Mobile crisis: \$95,414 allocated and expended. There is a fully staffed MCT based out of Hickory, NC serving our area. The team is serving primarily at the hospital EDs in McDowell and Caldwell Counties. The private provider of basic mental health services has pulled out of the MH clinics in McDowell and Caldwell. LME staff is currently staffing the mental health clinics and is providing emergency walk-in screenings, as needed. Alexander Co. consumers are currently served primarily in Catawba area hospital EDs, as there is no hospital facility in Taylorsville (2) Detox/Facility based crisis: \$4,586 allocated and \$4,586 expended. Due to the closing of our Detox/Crisis facility in Decmeber, Foothills is now contracting with three providers outside our catchment for detox services. (3) Intensive In-home and MST Services \$131,788 allocated and \$7,577.09 expended. We have established contracts with two providers-one who will be providing Intensive In Home services and one who will provide MST to families affected by SA. We are also discussing options with another

provider for adolescent SA groups. (4) Crisis beds: \$63,466 allocated but not yet expended. These funds have been set aside for utilization in establishing Crisis Beds for all target populations in conjunction with Smoky Mountain Center after July 1, 2008.

Next steps: We will monitor the MCT activity levels through electronic data entry, monthly activity reports, and follow-up with community resources, other providers, and clients. With assistance from our System of Care Coordinator, we will monitor the Intensive In-home services and MST through follow-up with community partners, other providers, clients and families.

Service funding: (1) Detox/Facility based crisis. \$194,142.10 allocated and expended. 200 individuals served. Foothills Detox Center was closed 12/15/07. Foothills is currently contracting with providers outside our catchment area to serve individuals from Alexander, Caldwell and McDowell Counties. (2) Foothills area program emergency services and mobile crisis. \$100,000 allocated and \$18,915.05 expended. 277 individuals served: January 47, February 48, March 55. (3) Three detox center contracts. \$70,000 allocated and \$14,804.04 expended. 11 individuals served using 48 bed days. (4) FAP ACCESS go-outs as if MCT services - hospital ED & ICU face-to-face visits. \$6,000 allocated and \$6,000 expended. 49 individuals served. Matching funds allocated by Foothills LME Area Board to provide MCT-like services when LME not allowed to bill for said service provision.

Next steps: (1) For SFY07-08: We anticipate primarily using this crisis money to supplement the activities of the MCT contract. Due to the necessity of closing our Detox Center, a portion of the funds will be used to support contracts with providers of Facility-based Crisis and Detox services outside our catchment area. (Insight Recovery, ARP/Phoenix Neil Dobbins, and Synergy) (2) We continue to consider using crisis funding to encourage the development of Crisis resources for children, including a crisis placement and case managers to liaison between community stakeholders and clients in crisis in McDowell County. Foothills now has contracts with two providers to provide MST and Intensive In-home services to children in families affected by substance abuse. We are pursuing a provider for adolescent SA groups

Guilford. *Start-up funding:* (1) Mobile crisis: \$170,432 allocated and \$142,208.24 expended. 2 Sr. Practitioners continue to make follow up community visits to patients who are high risk for repeated hospitalizations and/or incarcerations and work with the patients to identify existing and needed community resources. Also make status checks on patients who no-show for re-entry appointments and encourage them to engage in appropriate level of services (2) Local inpatient sponsorships: \$94,547 allocated and \$80,733 expended. Continue to use this funding for additional inpatient sponsorships at local behavioral health units in addition to the existing \$1,071,855 funding.

Next steps: (1) Mobile Crisis: Plan is to continue to provide community outreach to patients who are high risk for repeated hospitalizations and /or incarcerations. Provide follow-up on those patients who do not show for re-entry appointments made 3 days after discharge from State and local behavioral health units. In addition, these staff are available to Medication Management staff to do community outreach and also work to identify existing and needed community resources for patients who are not engaged in treatment and need assistance to remain successfully in the community. (2) Local Inpatient Sponsorships: Plan is to continue to provide sponsorship as available and clinically appropriate to indigent patients in need of inpatient care. Have 2 full-time Sr. Practitioner positions as liaisons, one at High Point Regional Hospital Behavioral Health and one at Moses Cone Behavioral Health to participate in discharge planning and facilitate communication between providers and inpatient staff. (3) Local Substance Abuse

Treatment Facility: Bridgeway Behavioral Health has been selected as the vendor to provide a continuum of substance abuse treatment services (Out Patient, IOP, IDDT, low intensity residential, social setting detox and non-hospital detox) to citizens of Guilford County. Funding of \$2.7 million was provided by Guilford County Commissioners. Bridgeway has begun providing outpatient treatment and low intensity residential treatment. Hiring medical and nursing staff with experience in substance abuse treatment has been challenging but Medical Director and physician extender staff and a Director of Nursing have been hired; it is anticipated that the unit will be fully staffed and detox services ready to start May 15. It is anticipated that the addition of Bridgeway will be instrumental in decreasing JUH/local inpatient bed utilization and incarcerations.

Service delivery funding: (1) Mobile crisis \$170,432 allocated and \$142,208.24 expended. 266 individuals served. Continue to provide community outreach and assistance to patients who are high risk for repeated hospitalizations and/or incarcerations. 2 Sr. Practitioners work with patients, families and providers to identify existing and needed community resources and assist them in making connections based upon patient choice of providers. (2) Local In-patient sponsorships: \$94,547 allocated and \$80,733.48 expended. 25 individuals served. Continue to use this funding for additional inpatient sponsorship at local behavioral health units in addition to existing \$1,071,855 funding.

Next steps: (1) We are planning to continue to provide community outreach by the 2 Sr. Practitioners to patients at high risk for inpatient and jail recidivism with the goal of diverting from JUH, local inpatient behavioral health units, local emergency departments and the judicial system. (2) Will continue with additional sponsorships per month at Moses Cone and High Point Regional Hospital Behavioral Health units. In addition, Crisis/Emergency Services has liaisons to work with the local behavioral health units in discharge planning and facilitation of communication between providers and inpatient staff (3) Bridgeway Behavioral Health has begun to provide outpatient and low intensity residential substance abuse treatment to citizens of Guilford County and have hired medical and nursing staff in anticipation of providing detoxification services, IOP and IDDT starting May 15 of this year. \$2.7 million in funding was provided by the Guilford County Commissioners. Services provided by Bridgeway should be instrumental in reduction of bed day utilization, locally and at JUH, and in involvement in the judicial system.

Johnston. *Start-up funding:* (1) Building and staffing a Crisis Stabilization Unit with 23 hour observation beds in Johnston Memorial Hospital. \$89,902 allocated and \$39,545.60 expended. After several months delay in getting architect plans approved by DFS, the project was begun in January to build a four bed observation/crisis stabilization unit for Behavioral Health in Johnston Memorial Hospital. At present, the construction has been completed, but there has been a delay in receiving equipment that has been ordered. Staff will be hired and trained in the next month. Protocols for the unit have been prepared by the Medical Director of Johnston Mental Health, and preparation for making rounds, referrals, and discharge from the unit have been written. It is anticipated that the unit will open at the end of May.

Next steps: Please see project report above. In the coming quarter, is expected that the unit, which was to account for the startup funding, will open and begin services.

Service delivery funding: Total funding allocated \$422,419. (1) Inpatient hospital. \$600,082 expended. Johnston Memorial Hospital Behavioral Health Unit. 144 individuals served. (2)

Child-crisis respite: \$105,501 expended. 50 individuals served. 10 For Johnston County Catchment area.

Next steps: We were uncertain how to document the above information: As is evident above, we have already earned more than our allotted recurring crisis dollars at the 9 month mark in IPRS services YP820 (Inpatient Hospital) and in Child Crisis Respite services. We anticipate using other local and state dollars to assure that these services are continued. In the next quarter (1) we hope to initiate Adult Respite Program in coordination with a local adult care home in the community. We anticipate identifying a provider and writing relevant protocols, policies and procedures by March 2008. (2) We plan to initiate CIT training with local law enforcement. (3) We have hired a part-time consultation/education specialist to do provider training; one of the first trainings will be crisis management/diversion for community support providers.

Mecklenburg.

Start-up funding: (1) Mobile Crisis \$56,614.75 allocated and expended. Start-up funding to support 2nd team was completed in 3rd quarter. Second team is 100% operational. (2) Crisis Plan Training. \$90,000 allocated and \$7,248.54 expended. Staff recruitment completed. Curriculum development is occurring weekly during subcommittee meeting comprised of stakeholders, consumers and family members. Curriculum includes three trainings as well as a Crisis Manual for providers and crisis toolkit for consumers and families. Training One is to begin mid-May. Marketing plan to be implemented May 1st. (3) LME/STR Marketing. \$25,000 allocated and expended. Completed in 1st quarter. (4) Consultant/planner for facility based crisis center. \$50,000 allocated and \$48,617.32 expended. Facility design, staffing plan and budget proposal have been completed and will go to Board of County Commissioners for approval for FY 0809.

Service funding: (1) Mobile crisis. \$256,349.45 allocated and \$179,483.76 expended. 609 individuals served. 2nd shift was added in Sept. '07. Actual hours staffed expanded to 8:00 am – 9:00 pm, with two teams available during heaviest cross-over hours. Remaining hours are covered by on-call system. Dispatches/volume has shown significant increase and usage over prior year; increasing 53% over the same prior year period. Volume increase due to establishing relationships with CMPD, local school system, hospitals, and providers. (2) DD Crisis respite. \$40,000 allocated and \$24,400 expended. 8 individuals (using 122 of 200 allocated bed days) Revised and simplified intake form. Provided In-service training to targeted case management agencies and mobile crisis team on process and procedure for accessing DD crisis respite. Expanded the initial authorization from 7 to 14 days. (3) Peer Support Program. \$50,000 allocated and \$12,971.84 expended. 5 individuals served and 8 additional in Drop-In Center. Clinical Supervisor has been hired to provide coaching, training and supervision of Peer Staff. Marketing of the program is being integrated with other peer services within the agency.

Onslow-Carteret Behavioral Healthcare Services (OCBHS). *Start-up funding:* (1) Respite. \$34,000 budgeted, but moved to Unit Cost Reimbursement (UCR) for crisis services. Completed. Three additional Alternative Family Living sites added to crisis services. No start-up required. May need to pay for vacant bed days. (2) Mobile Crisis. \$40,000 budgeted and expended. SOS was endorsed and received their DMA number in July 2007. The service was initiated in the catchment area in July and has been extremely effective. This service was expensive for the provider to initiate and still will require start-up once the allocation is received. (3) Facility based crisis. \$60,000 budgeted and moved to UCR for crisis services. Implementation delayed due to lack of funds available for crisis start-up.

Next steps: The LME has experienced significant shortfalls in funding by the State this fiscal year which has impacted the development and continued service delivery for a local crisis system. The primary issue has been that Detoxification services were moved to the crisis allocation. In the past, the agency received increased funding under substance abuse for detoxification services. In the current fiscal year, detoxification services were moved by the State under the crisis allocation. Detoxification services cost approximately \$800,000 per year. This is almost the entire crisis allocation. The crisis allocation is intended to support multiple services such as mobile crisis management, community respite, periodic respite, inpatient hospitalization, transportation and clinical evaluation.

Service funding: (1) Respite for crisis services. \$38,432 expended to date. Quality Care (Onslow and Carteret), House of David (Onslow and Carteret), Carolina Choice (Onslow and Carteret), LeChris (Carteret), LeChris (Onslow), Claytor Home (Onslow and Carteret), Easter Seals (Onslow and Carteret). 16 individuals served. . (2) Crisis Response 24/7/365 (phone or face-to face). \$86,000 budgeted and \$84,895 expended. SOS provides 24/7 crisis response in catchment area. (3) Non-hospital medical detox (ASAM Level III.7-D). \$700,000 budgeted and \$694,027 expended. Onslow and Carteret (CASP agency). 408 individuals served. . (4) Community Inpatient (Psychiatric and SA): \$50,000 allocated and \$94,220 expended. Brynn Marr Hospital (Onslow and Carteret). 16 people served. (5) Transportation: \$16,000 allocated and \$124 expended.

Next steps: (1) OCBHS has developed a voucher for financial assistance to individual clients for transportation. OCBHS has contracts with taxi cabs when a client has a need that cannot be met by another resource. (2) CIT: The LME received an allocation from the Division to initiate CIT in the local community. The LME will be working with NAMI to host events to work collaboratively with local law enforcement, CIT approved trainers and consumers and families to engage in implementing CIT in our local community. (3) The crisis workers/provider community has access to all consumers via the Defran system which includes access to the Crisis plan and the full PCP including diagnosis and medication information. All Discharge summaries are uploaded into the Defran system to ensure everyone has access to the most current information including medication. (4) The LME continues to meet monthly with Carteret General Hospital to assure clients receive appropriate services and are transitioned from the hospital expeditiously and effectively. The hospital has been very satisfied with the mobile crisis management provider responding to individuals at the hospital instead of 1st responders from several agencies. The LME is in the process of setting-up meetings with Onslow General Hospital. (5) An extensive amount of technical assistance, monitoring and corrective action has been initiated with provider agencies to improve person-centered and crisis planning for person's experiencing an emergency. One day training for all first responders and clinical homes is scheduled this quarter.

Orange-Person-Chatham (OPC). *Start-up funding:* (1) Mobile Crisis Team. \$131,015 allocated and \$131,015 expended. OPC allocated the start-up funds from the approval of our Crisis Plan primarily for FY08 Mobile Crisis services as the 2nd year of implementation funds for Mobile Crisis ended in FY07. These funds allowed Mobile Crisis services to be provided uninterrupted for the first half of this year. Despite the fact that we saw a slight increase in hospital admissions this quarter as compared to last fiscal year, we continue to believe that the Mobile Crisis and Facility Based Crisis services available in our area are effective tools in helping to divert individuals from the state hospitals. The Freedom House Mobile Crisis team continues to serve all three OPC counties and successfully diverted 116 people from hospitalization in FY07. For the third quarter of FY08 there were 89 Mobile Crisis events. Of these 89 events, 67 were successfully diverted from a state hospital (50 were referred to Facility

Based Crisis services, 17 to local hospitals, 9 to other community providers, and only 1 to a state hospital.)

Next steps: Continue to work with our providers and stakeholders, as well as monitor the provision of crisis services within OPC area. Continue to meet regularly with Freedom House, UNC Hospitals, and other providers as needed. OPC will continue to partner with Freedom House on the provision of Mobile Crisis Services over the coming quarter. OPC plans to request that CMH funds be moved to Non-UCR again this coming FY to maintain the provision of Rapid Response (emergency therapeutic foster care) services. Plans are still in place to implement a first responder/ crisis planning training for our MH and SA providers within the next few months.

Service delivery funding: See below. (1) Facility based crisis and detoxification services: FY 07: \$56,694 Adult MH Crisis services allocation and \$45,694 Adult SA Crisis services allocation expended in FY 07. 82 individuals served by crisis expansion funds for these two services (note: many more received the service through other funding FY 08 \$612,000 allocated. 643 individuals served (includes Medicaid and IPRS). DMH has approved OPC's recent request to transfer remaining crisis funds back to Non-UCR. Between Facility Based Crisis, Detox, Mobile Crisis, Psychiatry, and other non-billable expenses related to the provision of crisis services we are expecting that all of the crisis funds will be expended by the end of the fiscal year. Ongoing- provided by Freedom House and RTS of Alamance for all three counties (2) Mobile Crisis: Up to \$296,000 allocated and \$131,015 expended through non-UCR. 54 individuals served in FY 07 and 220 served in FY 08 (includes IPRS and Medicaid. Ongoing- provided by Freedom House for all three counties. Funded by both the funds from approval of OPC Crisis plan and crisis funds received in FY08.

Pathways. *Start-up funding:* (1) Halfway house-female 8 beds Lincoln County: \$25,000 allocated and expended. 7 of the 8 beds were full the entire quarter. (2) Transition house-4 beds Cleveland County: \$110,000 allocated and \$41,158 expended. House was licensed and opened on March 6. 5 of the 6 beds are full with discharges from the long-term unit at Broughton. *Next steps:* Looking for a house in Lincoln County to open another transitional program.

Service delivery funding: (1) Bed days at Kings Mountain Hospital-adult SA. \$7,000 allocated and \$7,000 expended. 34 individuals. Inpatient days for three county catchment area. Other crisis money has been allocated to cover ongoing bed day use. (2) Bed days at Gaston Memorial Hospital-adult MH. \$7,000 allocated and \$7,000 expended. 58 individuals served. Inpatient days for three county catchment area. Other crisis money has been allocated to cover ongoing bed day use. (3) Bed days at Kings Mountain Hospital-adult MH. \$0 allocated. 76 individuals served. Inpatient days for three county catchment area- moved funding to jail diversion since use does not warrant additional funds to complete this fiscal year. (4) Child respite providers: \$19,566 allocated and not yet expended. 12 individuals served. RFP awarded on Feb. 15. Opened 8 beds on March 3 and all were full by March 7. Added funds to expand the number of available beds in the fourth quarter. (5) Comprehensive crisis training. \$0 allocated. Moved funds into jail diversion since Division will have this assistance team in the future to work with LMEs and providers. (6) Gaston jail diversion position: \$47,643 allocated and expended. 219 individuals served. Been operational since August and was originally slated to use county funds. With IPRS shortage, this position from the approved plan will use funds that are being reallocated.

Next steps: As we approach year end, we have reallocated funds to insure they are spent on items in the approved plan. Changes have occurred in this report during the year based on additional information and actual use of services.

Piedmont (PBH). *Start-up funding:* (1) Facility based crisis. \$399,609 allocated and not yet expended. Currently, PBH is actively reviewing our budget based on NC Division of MH/DD/SAS recent state funding cut of 3.5 million dollars to PBH. PBH needs to verify the overall impact of the cuts on service delivery in the PBH system. Also, continued concerns with the EMTALA issues that began beginning in February 2007, PBH has been proceeding cautiously and are waiting on clear resolution to begin moving forward with the Facility Based Crisis Center expansion due to the possibility of decreased utility of that service as a viable alternative to hospitalization for consumers in local emergency rooms. PBH continues put more energy into expanding local hospital contracts for additional hospital beds to be accessible for our consumers with State only funding. PBH has added Stanly Memorial Hospital, High Point Regional Hospital and Rowan Regional Hospital for a total of 48 local beds that are accessible for state funded consumers. PBH is close to additional contracts with 2 other local hospitals, Moses Cone and the CMC system hospitals. (Continued for 3-31-08) (2) For the Facility Based Crisis expansion; PBH has been in discussions with Daymark Recovery Services to open and operate a second Facility Based Crisis center in Davidson County or Union County. PBH has had initial discussions about utilizing a building in Davidson owned by the county that was the old Davidson County Mental Health facility. PBH plans to submit a grant application with Daymark to the Kate B. Reynolds fund in September based on potential grant monies available. Initial planning has begun at PBH on a work plan for start up and implementation of this program. A building has also been identified in Union County so the possibility of opening 2 Crisis facilities is under consideration.

Next steps: (1)PBH to finalize budget review and assess overall system impact of recent significant State Funding cuts. (2) PBH is still waiting to receive a final ruling on EMTALA issues related to Facility Based Crisis Centers and referrals from local ERs. (3) Continue contracting process with Local Hospitals for indigent bed coverage. (4) Plan to submit a grant proposal to the Kate B. Reynolds fund for additional support for a Facility Based Crisis Center in Davidson or Union County. (5) Secure the rights (through lease or donation) to the Building formerly utilized by the Davidson County Mental Health Services. Preliminary discussions are currently underway. (6) Finalize the work plan process for start-up and implementation of the Facility Based Crisis Center in Davidson and Possibly Union County. (7) Engage an Architect to begin planning building renovations to establish the Facility Based Crisis Center within code for licensure.

Service funding: (1) Mobile crisis. \$1,272,458 allocated and \$339,549 expended. 1,156 individuals served. Currently PBH has one provider of Mobile Crisis Services Daymark Recovery Services, Inc. This service covers all five PBH counties for both Adults and Children MH and SA disabilities. (2). Facility based crisis. \$1,690,632 allocated and \$655,991 expended. 909 individuals served. Currently PBH continues to have 16 beds in the Crisis Recover Center at Kannapolis. This Center covers all of five PBH counties for Adults with MH and SA disabilities. (3) Social Setting detox. Not budgeted separately, \$14,892 expended. 64 individuals served. Currently PBH has one provider for Social Setting Detox Services, Mecklenburg Detox. This agency will accept consumers from all of five PBH counties for Adults with SA needs meeting this level of care. (4) Non-hospital medical detox. Not budgeted separately. \$72,294 expended. 168 individuals served. Currently PBH has one provider for Non Hospital Detox Services, ARCA. This agency will accept consumers from all of five PBH counties for Adults

with SA needs meeting this level of care. (5) Innovations crisis services. Not budgeted separately. \$33,588 expended. 11 individuals served. Currently PBH has 18 providers for Innovations Waiver – Crisis Services. All of five PBH counties are covered for this service for the DD population. (6) Access: \$1,141,360 allocated and \$856,020 expended. The PBH Call Center phone software captured 25,777 calls year to date for FY0708. This includes queued calls for our placement team within Access. The Call Center is operational 24 hours per day 7 days per week and covers all of five (5) PBH counties for adults and children with MH, DD, and SA disabilities. (7) Access outreach team: \$874,542 allocated and \$655,906 expended. 1,163 individuals served. PBH operates an outreach team under our Access/STR unit. The Outreach unit currently has 5 Master’s prepared, licensed staff that covers one of the PBH 5 counties each. A dedicated State Hospital Liaison, a dedicated DD Olmstead Liaison, a dedicated Criminal Justice Services Liaison, a dedicated Substance Abuse Services Liaison, a dedicated Child and Youth Primary Care integration specialist and 2 managing supervisors. All 5 PBH counties are served by the Access – Outreach Team. (8) Advanced Access. Not budgeted separately, \$386,163 expended. 4,129 individuals served. Daymark Recovery Services, Inc, (PBH contracted crisis services provider) has Advanced Access sites in each of the PBH counties. These sites are available for walk-ins from 8 AM to 8 PM Monday through Friday. (9) State Funded Community Hospitals. Not budgeted separately, \$932,589 expended. 487 individuals served. PBH continues put more energy into expanding local hospital contracts for additional hospital beds to be accessible for our consumers with State only funding. PBH has added Stanly Memorial Hospital, High Point Regional Hospital and Rowan Regional Hospital for a total of 48 local beds that are accessible for state funded consumers.

Next steps: PBH is focusing on several initiatives with our Crisis Services plan.

- Continued decrease of the State Hospital admissions and Bed Day Utilization through:
 - expanded local options (Private Hospitals, Detox, FBC etc)
 - increased involvement in discharge planning and follow-up post hospitalization through our Access Outreach Team
 - care management of high risk consumers as identified through our Utilization Review committee
- Improvement in First Responder activities through specific training of our agencies providing first responder services. (ACT, Community Support, Residential, MST etc.)
- Improvement in Crisis Respite and Respite services through the implementation of the PBH 1915B (3) waiver services
- Continued improvements in the utilization of the Innovations Crisis services through more thorough identification of consumers in need of this service as indicated through utilization review and care management activities with the DD population.
- Enhance our Innovations Waiver services through our renewal by requesting definition updates to establish First Responder process for current definitions.
- Continued work towards expansion of the Facility Based Crisis Services capacity through the addition of a Davidson County or Union County based Facility Based Crisis Services Center.
- Improvement in the coordination of care through specific training by the LME to our Community support providers in roles and expectations in

Coordination of Care. (Trainings of all Community Support agency staff under contract with PBH occurred during this past quarter.)

Sandhills. *Start-up funding:* \$308,491 was allocated and \$276,281 has been expended. Sandhills Center is involved in a number of Crisis Services efforts that are expected to utilize fully the funding listed above. To date, \$276,281 (89.5%) of these funds have been expended for the following purposes: (1) Good Hope Inpatient Start –Up: Sandhills Center is involved as part of a group of community stakeholders who are working toward the goal of opening a sixteen (16) bed free standing adult psychiatric unit in the existing Good Hope Hospital Facility. This effort represents a complex task—funds have been allocated for the following: an architectural study of the renovation costs associated with the reopening of the building, an environmental study designed to identify potential environmental hazards associated with the facility and an allocation of funding to the Good Hope Board of Directors for the purpose of completing renovation drawings and hiring a consultant to facilitate the reopening process. A contract is under negotiation with an inpatient management company and efforts are underway to set up meetings with the State Division of Health Care Regulation to discuss renovation issues. (2) Crisis Intervention Training (CIT): Sandhills Center is working with a group of community stakeholders including: NAMI-Moore County, 1st Health, Sandhills Community College and the Moore County Sheriff’s Office to implement CIT in the Sandhills Area. We are delighted to note that we have just completed our initial week long CIT Program involving fifteen law enforcement officers from four different agencies. A second CIT Training Program is scheduled for July 2008. (3) Additional Crisis Funds have been expended in support of night/weekend crisis activities (e.g. paying ER Physicians to access committed patients) and to provide support for indigent psychiatric care.

Service funding: \$1,000,633 has been allocated and \$787,724 expended for the following crisis services billed through IPRS: (1) Local inpatient (YP820) \$1,168,186. 530 individuals served. Six hospitals. (2) Facility based crisis (YP 485) \$92,875. 76 individuals served. Two facilities.. (3) Social setting detox (YP 790) \$10,894. 15 individuals served. One facility. Note: The expenditures presented above are limited to the six Service Codes defined by DMH as allowable Crisis Fund Services.

Next steps: Over the 1st three quarters of FY 2007-2008, Sandhills Center has made an aggressive and effective effort to implement our Crisis Services Plan. These efforts have resulted in a 40%+ reduction in State Hospital Admissions during the July 2007-April 2008 time period as compared to a similar period during FY 06-07. During the January-March period, the Center expanded its Crisis Service Continuum through the implementation of two Hospital Transition Teams designed to insure that consumers exiting hospital settings are effectively integrated into community treatment alternatives—this effort is focused on the goal of reducing readmissions to State hospitals. The Center has continued to expand its financial commitment to detox and residential treatment services for SA consumers and community inpatient services.

Smoky Mountain. *Start-up funding:* Crisis start-up for Northern and Southern Regions: \$209,780 was budgeted and \$115,664 has been expended. In the third quarter, SMC purchased a vehicle (\$17,200) for use by emergency services to respond to the local community. This was part of our plan to mobilize emergency services. A revised plan for the remaining funds is submitted for review below.

Next steps: SMC management team reviewed options for use of the remaining \$94,116.00 in start up dollars. The two new inpatient units scheduled to open through the hospital pilot

program have significant start up costs including beds, furniture, security equipment and safety modifications. SMC would like approval to allocate remaining start up costs to HRMC (16 bed psych program to open July 08) and Cannon Memorial Hospital (10 bed psych program to open Oct 08) as outlined below. These funds will be expended prior to June 30.

(1) **HRMC Psychiatric Unit.** \$35,764.08 for beds, mattresses, stacking chairs, task chairs, desks and workstations. Items will be purchased and funds expended prior to June 30, 2008.

(2) **Cannon Memorial Psychiatric Unit.** \$58,351.92 for beds, mattresses, security cameras, security equipment, and bathroom safety modifications. Items will be purchased and funds expended prior to June 30, 2008.

Service funding: (1) Balsam Center facility based crisis: \$ 941,363 has been expended. 409 admissions fiscal year to date. 314 State funded. The Balsam Center continues to serve individuals in crisis due to psychiatric symptoms or addiction in a recovery environment from Haywood, Jackson, Macon, Swain, Graham Cherokee and Macon Counties. 70% of the clients served do not have Medicaid or other insurance. (2) Synergy Recovery Facility Based Crisis: \$420,071 has been expended. 500 admissions fiscal year to date. 314 State funded. Synergy has continued to provide detox and dual diagnosis services for SMC and other western LMEs. Synergy has become an active participant in Northern Region emergency services meetings with New River Behavioral Health (3) Southern Region Emergency Services: \$636,877 has been expended. 1,438 face-to-face emergency interventions at the Balsam Center and in the community. A total of 3,172 calls were handled by emergency services. The LME is recruiting for staff to expand the community based crisis intervention program and making slow progress. Laptop computers and a car have been purchased. An RFP was issued to provide emergency services in our far western region (Cherokee, Clay and Graham counties) followed by a bidders meeting. Three provider organizations attended the bidders meeting, but no provider felt they could provide emergency services in this region. We received no proposal in response to the RFP. A follow up meeting with Murphy Medical Center resulted in their interest in providing a behavioral health response at the hospital. Murphy Medical Center is working on this proposal. SMC also met with staff from Cherokee Indian Hospital to discuss their emergency services needs. They are working on a proposal for their area. The LME continues to make significant progress in developing local inpatient capacity, with plans to open a 16 bed adult psychiatric inpatient program at Haywood Regional Medical Center in July 2008. Renovation of the unit has proceeded rapidly over the past quarter. SMC has hired 6 nurses and 3 community mental health assistants for the inpatient unit. These staff are currently training at the Balsam Center. (4) Northern Region Emergency Services: \$683,094 has been expended. 2,316 total seen, 510 were mobile crisis contacts. The LME met with hospital administrators, sheriffs and New River Behavioral Health on February 5 to discuss ongoing crisis needs and opportunities. New River BHC Mobile Crisis Services has taken the following steps in expanding service delivery:

- Increased conversation with hospitals & law enforcement agencies about building win-win situations to ease burdens created by the overwhelmed psychiatric hospital situation;
- Increased work with magistrates in Wilkes County to divert possible involuntary petitions at the point of origin
- Planning for central dispatch center
- Increasing number of contacts away from traditional crisis assessment centers (ED, jails, office) to homes, schools, MD offices

SMC is working closely with Cannon Memorial which plans to open a 10 bed adult psychiatric program October 1, 2008. SMC is working closely with Synergy Recovery to ensure it meets the needs of the community and is integrated with, and supported by, Northern Region Emergency

Services. Total crisis service recurring allocation for use in SFY 08 is \$1,403,287. \$2,681,405 has been expended. 3,754 face-to-face emergency interventions year to date for the 12 counties.

Next steps: SMC is using single stream dollars, over and above our crisis allocation, as well as Medicaid and other 3rd party funding, to meet crisis needs in our 12 county service area.

Southern Region: The LME will continue to work with local hospitals and Sheriffs as we implement a “mobilized” community based crisis intervention program across our southern region counties. Progress has been hampered by recruitment challenges and the lack of an able provider in the western counties. SMC is working with Haywood Regional Medical Center to open a 16 bed adult psychiatric inpatient program by July 1, 2008. Renovation plans and recruitment are underway. SMC signed an agreement with the State to transfer beds from Broughton Hospital. The inpatient program will be integrated with the Balsam Center and emergency services.

Northern Region: SMC will continue working with New River Behavioral Health to enhance an already robust mobile crisis unit. The LME will work with Cannon to ensure the psychiatric unit meets hospital and community needs, is integrated with the northern region crisis system, and is financially viable.

Hospital Pilot: SMC is working with all parties at the State, regional, and local level to implement the pilot program to reduce State Hospital utilization. All aspects of this plan are well under way. Inpatient capacity is planned for the northern and southern regions which is projected to reduce State Hospital admissions by a minimum of 50%. The LME is recruiting an on-site Broughton liaison and enhancing care coordination capacity. The LME will continue working with the State Hospital and State Operated Services to implement the pilot program. It is critical that all bed day categories for which the LME is responsible are managed by the LME.

Southeastern Center. Start-up funding: Crisis start-up allocation available in SFY 08 \$184,750. (1) Private inpatient beds: \$4,305 allocated and expended. Paid for inpatient stay at Brynn Marr for two non-Medicaid consumers. (2) Mobile Crisis: \$179,644 allocated and not yet expended. Still talking with several agencies about providing the service. (3) DD Crisis Respite: \$801 allocated and expended. ARC of North Carolina Crisis Services for DD consumer.

Next steps: Mobile crisis is being proposed by several providers. Meetings are ongoing for review of the proposals. The amount of funding in the box for allocated start-up available in FY08 is the amount as shown on SEC’s final FSR for FY07.

Service funding: (1) Bridge Builders Peer Support: \$50,000 allocated and \$33,344 expended. 102 individuals served. One provider fully operational serving New Hanover and Brunswick counties. (2) Child and Youth crisis beds: \$60,000 allocated and \$21,680 expended. 20 individuals served. Two providers fully operational. Brunswick, New Hanover, Pender. (3) Community Intervention Team: \$3,750 allocated and \$1,013 expended. 17 officers trained. CIT training is ongoing. Available to all three county sheriff departments and all city police departments within the three counties. (4) Crisis station: \$146,676 allocated and \$140,844 expended. 2,304 individuals served. This service is added here as the funding was realigned this fiscal year. One provider fully operational. Brunswick, New Hanover, Pender. (5) Facility based crisis: \$603,787 allocated and expended. 352 individuals served. This service was added here as the funding was realigned this fiscal year. One provider fully operational. Brunswick, New Hanover, Pender. Total crisis service recurring allocation \$864,213. \$800,658 expended to date. 2,778 individuals served and 17 officers trained.

Next steps: The first round of CIT training was successfully provided for the law enforcement departments of Brunswick, New Hanover and Pender counties. The next round has been scheduled for the last quarter of the fiscal year.

Southeastern Regional (SRMH/DD/SAS). *Start-up funding:* (1) Mobile crisis. \$151,777 allocated and \$45,422 expended. Expense for one filled position.

Next steps: (1) Recruit for the remaining FTE specified in the Crisis Plan. (2) Continue to advertise to increase awareness of service availability. (3) First Responder Training will be held with one of our providers during the week of April 28th. (4) Initial implementation of Mystery First Responder Survey by end of June.

Service funding: (1) 24/7/365: LME screenings: 5,598. 1 provider (SRMH/DD/SAS for daytime; contract with Protocall for after-hours) catchment area of Bladen, Columbus, Robeson, & Scotland served. The Southeastern Regional LME Crisis Plan includes a contract with Wake LME to receive after-hour crisis calls for us. However, this contract did not materialize. We are currently in the process of implementing after-hour crisis services internally, by July 1. We are also in negotiations with several other LMEs to provide this service for them. (2) Mobile crisis: \$117,082 allocated and \$92,495 expended. 577 individuals served. This funding is being used to support the operational costs on a non-ucr basis, after first subtracting out any Medicaid billings. Two providers: (A) (SRMH/DD/SAS) catchment area of Bladen, Columbus, Robeson, & Scotland served; (B) Evergreen Behavioral (fully endorsed w/ staff, awaiting billing # from Medicaid, as of 04/24/08) catchment area of Bladen, Columbus, Robeson, and Scotland served. (3) Respite: Not funded with crisis funds. Continue to utilize services provided through contract with Cumberland LME. (4) Facility based crisis. \$819,572 allocated and \$349,175 expended. 153 individuals served. This funding is being used to support the operational costs on a non-ucr basis, after first subtracting out any Medicaid billings. 1 provider (SR/MH//DD/SAS) catchment area of Bladen, Columbus, Robeson, & Scotland served. (5) Community inpatient. Not funded with crisis funds. So far this year, these funds have not been used to support this service. 1 provider (SRMH/DD/SAS) catchment area of Bladen, Columbus, Robeson, & Scotland served. 743 individuals served.

Wake. *Start-up funding:* (1) GeroPsychiatric Mobile crisis: Note from last quarter: This program development is part of the Wake Crisis Plan as well as part of a partnership with the local ED's. A Mobile Crisis Team directed toward the specialty population of geropsychiatry is expected to make an impact on reduction of bed days at the State hospital, by supporting in-home and in-facility crisis resolution and stabilization of placements for the population. Staff and partners have spent significant time on researching best practice models for this type of service in order to meet the unique needs of the population and to write a proper RFP to find a qualified provider. **UPDATE:** The RFP was posted and closed earlier this month. There are 2 viable proposals. A selection team composed of stakeholders will select a provider in May. (2) Facility design, construction and renovation \$200,000 allocated and \$86,080. Note from last quarter: Wake County has just contracted with an architectural firm for design and construction management of new Crisis facilities that will include a walk-in Crisis Center, 16 facility based crisis beds, and 16 non-hospital medical detox beds, plus 16 inpatient SA treatment beds. Project total is estimated at 21-24 million dollars. This 431,500 will go towards the project cost. **UPDATE:** Contract is in place. The design team is working with Wake staff in the schematic design phase. Anticipated total expenditures within this fiscal year has

been re-estimated at \$200,000. (3) Purchase of local inpatient care at Holly Hill Hospital: \$259,000 allocated and not yet expended. **UPDATE:** Due to the complexity of working with multiple community stakeholders and multiple county departments the above 2 projects have taken longer to implement than anticipated. We will re-arrange funding mechanisms to continue with both. Since this start-up funding expires on June 30, 2008 we will re-direct it towards the start-up costs associated with the County's 10 year contract with Holly Hill Hospital for the purchase of local inpatient care. Operational policies and procedures were finalized in late December 2007, and the Wake LME began the purchase of service arrangement and Utilization Management for the funding in January 2008. During this quarter, the LME UM team reviewed HHH retrospective records for consumers admitted during calendar year 2007 (allowed under the contract). Not all of those records had information needed to pull service crisis dollars (target pop paperwork for instance). However, the records identified for appropriate retrospective payment – an agreed upon startup cost and an expenditure identified as part of Wake's overall crisis plan – has amounted to \$490,475. The remainder dollars from this allocation will be directed towards this amount.

Next steps:

1. Geropsychiatry Mobile Crisis Team:
 - a. Select provider in May.
 - b. Work with provider on budgeting, contracting, and start-up in June.
 - c. Implement service in July-August.
2. Facility design, construction, and renovation:
 - a. Continue architectural schematic design phase through the end of this fiscal year.
3. Indigent care at Holly Hill Hospital
 - a. Continue to purchase local inpatient care using both State IPRS funding and county funding mechanisms.

Service funding: (1) Local MH inpatient at Holly Hill Hospital and Facility based crisis at Wake Alcohol Treatment Center. \$1,428,324 budgeted and \$960,373 expended. #00 Individuals served. Re-aligned funding approved. Expenditures to date were at Wake ATC. (2) Mobile crisis team (geropsychiatry) Re-aligned to UCR above.. (3) Other Adult MH to be determined Re-aligned to UCR above. (4) Child MH respite, non-Medicaid Community Support for detention, emergency medication assistance. \$13,855 was re-aligned to UCR. Contracts signed this quarter for remaining. (4) Child SA respite, non-Medicaid Community Support for detention, emergency medication assistance. \$9,855 was re-aligned to UCR. Contracts signed this quarter for remaining. (5) DD-individual crisis plans \$19,637, \$1,251.17 expended. 2 individuals served. Re-aligned to UCR

Next steps: Continue as described above.

Western Highlands (WHNLME). *Start-up funding:* (1) Crisis stabilization unit. \$310,000 allocated and expended. Facility opened April 16, 2008.

Next steps: Implementation of plans to publicize availability of CSU Service and admission procedures across 8 county area.

Service funding: (1) Hospital-based psychiatric evaluations: \$155,904 allocated and \$85,352 expended. 561 individuals served. 2 area hospitals serving region. 2 other hospitals also available

for the service. (2) Emergency services: \$345,052 allocated and \$250,019 expended. 514 individuals served. 3 providers available to serve all eight counties of WHN LME. Providing outpatient ES, Walk-in, phone, emergency room, commitment evaluations and on-call services. (3) Specialized emergency services: \$291,550 allocated and \$17,034 expended. 127 individuals served. 30 providers across 8-county region providing on-call and first responder services (4) Eating disorders program \$20,000 allocated and expended. 1 individual served. One-time allocation to serve single client needing emergency service due to severe eating disorder (5) Substance abuse crisis detox: \$666,096 allocated and \$499,572 expended. 301 individuals served. Regional service provider for all 8-counties. (6) Child Therapeutic Foster Care beds: \$60,000 allocated and 11,182.95 expended. 5 individuals served. 1 provider serving rural areas. (6) 72 hr bed use in Local Hospitals: \$31,154 allocated and not yet expended. Number served to be reported in the 4th quarter. The contract with Rutherford Hospital for 72-hour crisis stays and services is now in place and the unit has begun to accept admissions. Negotiations with other hospitals are currently under way to provide diversion from state facilities for indigent consumers. We have not received invoices as of 3rd quarter.

Next steps: Continue to publicize and expand implementation of community based emergency services and specialized emergency services to stabilize consumers, to keep them out of ERs and inpatient services.